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REVOCAION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/685,159
	Filing Date	10/14/2003
	First Named Inventor	Hamadi
	Art Unit	2681
	Examiner Name	
	Attorney Docket Number	C02-0076-000 (03-CG009)

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 33190

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: 33190

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

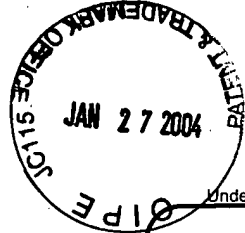
Name	Charles Jamile Hamadi		
Signature			
Date	1-21-04	Telephone	404 236-3641

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 2 forms are submitted.

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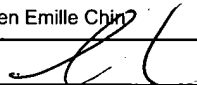
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SIGNATURE of Applicant or Assignee of Record

Name	Stephen Emille Chir...		
Signature			
Date	1.21.2004	Telephone	404-218-6882

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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